

<i>SERFF Tracking Number:</i>	<i>UNNC-125668063</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Union Central Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39249</i>
<i>Company Tracking Number:</i>	<i>UPE01-2</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>Revised Pension Endorsement</i>		
<i>Project Name/Number:</i>	<i>/UPE01-2</i>		

Filing at a Glance

Company: The Union Central Life Insurance Company

Product Name: Revised Pension Endorsement SERFF Tr Num: UNNC-125668063 State: ArkansasLH

TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed State Tr Num: 39249

Adjustable Life

Sub-TOI: L09I.001 Single Life

Co Tr Num: UPE01-2

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Authors: Bobbie Cramer, Joanne
Friend, Peggy Johnson

Disposition Date: 06/12/2008

Date Submitted: 06/10/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number: UPE01-2

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 06/12/2008

State Status Changed: 06/12/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Enclosed for your review and approval is this Endorsement, which is for use with policy form 8712, which was approved by your Department on December 27, 2007. It is a new form that is intended to replace Endorsement UPE01, which was also approved by your Department on December 27, 2007. It differs from UPE01 as follows:

1. A provision revising the "Death Benefit" provision of the policy has been added to page 1; and

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2. Reference to the Term Insurance Rider has been added to the "Misstatement of Age and Gender" provision on page 2.

No part of this filing contains any unusual or possibly controversial items from normal company or industry standards. Since our printers use various fonts and layouts, we reserve the right to format the pages to conform to the printer's requirements. No change in language will occur, only a possible page break, or renumbering of a page.

The enclosed submission was filed concurrently with our domiciliary state of Ohio. If you have any questions or comments regarding this filing, please contact me at 1-800-825-1551, extension 52262. Thank you for your consideration of this submission. Be assured it is appreciated.

Company and Contact

Filing Contact Information

Peggy Johnson,	pjohnson@unioncentral.com
1876 Waycross Road	(513) 595-2262 [Phone]
Cincinnati, OH 45240	

Filing Company Information

The Union Central Life Insurance Company	CoCode: 80837	State of Domicile: Ohio
1876 Waycross Road	Group Code: 943	Company Type:
PO Box 40888		
Cincinnati, OH 45240	Group Name:	State ID Number:
(513) 595-2339 ext. [Phone]	FEIN Number: 31-0472910	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	Yes
Fee Explanation:	Ohio charges \$50/filing
Per Company:	No

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Adjustable Life
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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Union Central Life Insurance Company	\$50.00	06/10/2008	20760225

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	06/12/2008	06/12/2008

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Disposition

Disposition Date: 06/12/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Form	Pension Endorsement		Yes

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Product Name:	Revised Pension Endorsement		
Project Name/Number:	/UPE01-2		

Form Schedule

Lead Form Number: UPE01-2

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	UPE01-2	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Pension Endorsement	Initial		55	UPE01-2Std.PDF

The Union Central Life Insurance Company
Cincinnati, Ohio

PENSION ENDORSEMENT

Notwithstanding anything in this policy to the contrary, the following changes are made effective as of the *policy date*:

OWNERSHIP Provision – The last sentence of the first paragraph is deleted.

BENEFICIARY Provision – The last sentence of the first paragraph is changed to read:

If no contingent beneficiary is living when the *insured* dies, *we* will pay to the *insured's* estate.

DEATH BENEFIT Provision – the first sentence is changed to read:

We will pay the death benefit proceeds in a lump sum or pursuant to IRS requirements governing required distributions, as soon as *we* receive satisfactory proof that the *insured* died while this policy was in force, and other proof that *we* may require in order to investigate the claim.

CASH SURRENDER Provision – The first sentence is changed to read:

By *written notice* to *us*, *you* may surrender this policy for the *cash surrender value* or apply it to any periodic payment option agreeable to both *you* and *us*.

PARTIAL WITHDRAWAL Provision – The first sentence is changed to read:

By *written notice* to *us*, *you* may take a partial withdrawal of cash or apply it to any periodic payment option agreeable to both *you* and *us*, subject to any loan and the minimum *specified amount* of this policy.

GENERAL PROVISIONS:

A new paragraph is added to the **ENTIRE CONTRACT** Provision to read:

We are not a party to nor bound by any trust or plan described in Section 401(a) of the Internal Revenue Code ("Code"). The terms of this policy shall govern *our* rights and duties, notwithstanding any contrary terms of any such trust or plan.

The first sentence of the **ASSIGNMENT** Provision is changed to read:

Unless *you* are a trustee of a trust described in Section 401(a) of the Code, this policy may not be:

- (1) sold; or
- (2) assigned; or
- (3) discounted; or
- (4) pledged as collateral
 - (a) for a loan; or
 - (b) as security for the performance of an obligation; or
 - (c) for any other purpose.

Such a trustee may assign this policy by giving *written notice*.

A new provision, **CLAIMS OF CREDITORS**, is added to read:

CLAIMS OF CREDITORS. The proceeds of this policy will not be subject to the claims of any creditor of the *insured* or of any beneficiary, except as required by law. Neither the *insured* nor any beneficiary will have the right to transfer, assign or otherwise alienate any of the proceeds of this policy.

A new provision, **CONVERSION TO SUPPLEMENTARY CONTRACT**, is added to read:

CONVERSION TO SUPPLEMENTARY CONTRACT. If not terminated, this policy may be converted to a supplementary contract providing a periodic payment option agreeable to both *you* and *us*. Upon the effective date of the conversion, this policy will be surrendered to *us* and the policy's *cash surrender value* on that date, along with any additional payment required by *us*, will be applied to provide the agreed upon option.

MISSTATEMENT OF AGE OR GENDER Provision in the policy and Term Insurance Rider, if any, – is changed to read:

MISSTATEMENT OF AGE. If the *insured's* age has been misstated on the application, an adjustment will be made to reflect the correct age as follows:

- (1) If the misstatement is discovered at death, the death benefit amount will be adjusted based on what the cost of insurance rate as of the most recent *monthly date* would have purchased at the *insured's* correct age.
- (2) If the misstatement is discovered prior to death, the *cash surrender value* will be adjusted to reflect the expense charges, *surrender charges*, and cost of insurance rates based on the *insured's* correct age from the *policy date*.

TERM INSURANCE RIDER, if any, **PAYMENT OF INSURANCE** Provision – The last sentence is changed to read:

The benefit will be paid to the designated beneficiary, if any; otherwise to the *insured's* estate.

THE UNION CENTRAL LIFE INSURANCE COMPANY



Secretary



President

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Rate Information

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Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

05/28/2008

Comments:

Attachments:

Reg 19 CERTIFICATION.pdf

Reg 49 and Complaint Not. Cert.pdf

UNIV READ CERT.pdf

CERTIFICATION
Arkansas

We hereby certify that we have reviewed Rule and Regulation 19 and that The Union Central Life Insurance Company meets the provisions of said Rule and Regulation, as well as all applicable requirements of your Department regarding Unfair Sex Discrimination in the Sale of Insurance.

A handwritten signature in cursive script, reading "Elizabeth F. Martini".

Elizabeth F. Martini
Vice President & Managing Attorney

June 10, 2008

Date

CERTIFICATION
Arkansas

We hereby certify that we have reviewed Arkansas Rule and Regulation 49 and that The Union Central Life Insurance Company is in compliance regarding Life and Health Insurance Guaranty Association Notices.

We also certify that we have reviewed ACA 23-79-138 regarding the use of Complaint Notices and assure that The Union Central Life Insurance Company is in compliance.

A handwritten signature in cursive script, reading "Elizabeth F. Martini".

Elizabeth F. Martini
Vice President & Managing Attorney

June 10, 2008

Date

READABILITY CERTIFICATION

I, Elizabeth F. Martini, an officer of The Union Central Life Insurance Company, hereby certify that the following form(s) has (have) the following readability score(s) as calculated by the Flesch Reading Ease Test and that this (these) form(s) meet(s) the reading ease requirements of the laws and regulations of your state.

Form

UPE01-2

Readability Score

54

A handwritten signature in cursive script that reads "Elizabeth F. Martini".

Elizabeth F. Martini
Vice President

June 10, 2008